SATURDAY, 16 JUNE 2018

**GI disease: is it all in your head?**

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The clinical impact of lower gastrointestinal tract involvement in systemic sclerosis will be illustrated by case presentations. This will describe problems including pseudo-obstruction, severe malnutrition, and electrolyte imbalance and anorectal disease. The interplay with comorbidities such as cardiac scleroderma will also be described. Potential therapeutic strategies for these different complications will be introduced through these cases.

**Disclosure of Interest:** None declared


**Gut bacteria: the boss of the immune system?**

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Gastrointestinal tract manifestations of systemic sclerosis are common and represent a high burden of the disease. Whilst some aspects can be treated the lower bowel involvement is especially challenging. The mid gut is affected with dysmotility and functional impairment including the consequences of impaired absorption and exocrine pancreatic insufficiency. Mid gut dysmotility may lead to stagnation of bowel contents and small intestinal bacterial overgrowth that contributes to bloating, diarrhoea and malnutrition. Colonic involvement contributes to chronic constipation and anorectal disease is a major non-lethal burden leading to incontinence. This has enormous impact on quality of life. The end result is a constellation of symptoms and clinical problems that require integrated management to ensure appropriate investigation and treatment. Strategies that can be helpful include broad spectrum antibiotics to address small intestinal bacterial overgrowth and prokinetics to address issues of pseudo-obstruction. The latter is best managed conservatively. Occasionally patients develop nutritional failure that requires parental nutrition. This can be successfully delivered as part of a home care programme and is generally parenteral supplementation, for example with overnight feeds, rather than total parenteral nutrition. Constipation and diarrhoea require opposite strategies for treatment and often a high degree of patient self-management. Recent trials of techniques to improve anorectal incontinence have been promising for strategies such as posterior tibial nerve stimulations and this may represent useful option in some cases.

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